

Adams, Hope

From: Wessinger-Hill, JoAnne
Sent: Friday, July 30, 2021 4:22 PM
To: Hall, Roger; Grube-Lybarker, Carri; John J. Pringle, Jr.; Heather Smith; Heather Smith; Pittman, Jenny; fellerbe@robinsongray.com; fellerbe@robinsongray.com; Nelson, Jeff; DeMarco, Tracy S.; Breitschwerdt, E. Brett; jennamcgrath@paulhastings.com; billdegrandis@paulhastings.com
Cc: PSC_Contact; Besley, Sharon
Subject: RE: Hearing Exhibit ** -- (Cross Examination Exhibit No. Hanson) -- DN 2020-263-E
Attachments: Hanson Rebuttal Cross Exhibit 4.pdf

Parties:

Attached is a copy of the Cross Examination Exhibit regarding the Witness on the stand.

Jo Anne

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Form 556

Certification of Qualifying Facility (QF) Status for a Small Power Production or Cogeneration Facility

1a Full name of applicant (legal entity on whose behalf qualifying facility status is sought for this facility) Public Service Company of New Mexico			
1b Applicant street address 414 Silver Ave. SW			
1c City Albuquerque		1d State/province NM	
1e Postal code 87102	1f Country (if not United States)		1g Telephone number 505-241-2829
1h Has the instant facility ever previously been certified as a QF? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
1i If yes, provide the docket number of the last known QF filing pertaining to this facility: QF _____ - _____ - _____			
1j Under which certification process is the applicant making this filing? <input checked="" type="checkbox"/> Notice of self-certification (see note below) <input type="checkbox"/> Application for Commission certification (requires filing fee; see "Filing Fee" section on page 3) Note: a notice of self-certification is a notice by the applicant itself that its facility complies with the requirements for QF status. A notice of self-certification does not establish a proceeding, and the Commission does not review a notice of self-certification to verify compliance. See the "What to Expect From the Commission After You File" section on page 3 for more information.			
1k What type(s) of QF status is the applicant seeking for its facility? (check all that apply) <input checked="" type="checkbox"/> Qualifying small power production facility status <input type="checkbox"/> Qualifying cogeneration facility status			
1l What is the purpose and expected effective date(s) of this filing? <input checked="" type="checkbox"/> Original certification; facility expected to be installed by <u>3/1/19</u> and to begin operation on <u>3/12/19</u> <input type="checkbox"/> Change(s) to a previously certified facility to be effective on _____ (identify type(s) of change(s) below, and describe change(s) in the Miscellaneous section starting on page 19) <input type="checkbox"/> Name change and/or other administrative change(s) <input type="checkbox"/> Change in ownership <input type="checkbox"/> Change(s) affecting plant equipment, fuel use, power production capacity and/or cogeneration thermal output <input type="checkbox"/> Supplement or correction to a previous filing submitted on _____ (describe the supplement or correction in the Miscellaneous section starting on page 19)			
1m If any of the following three statements is true, check the box(es) that describe your situation and complete the form to the extent possible, explaining any special circumstances in the Miscellaneous section starting on page 19. <input type="checkbox"/> The instant facility complies with the Commission's QF requirements by virtue of a waiver of certain regulations previously granted by the Commission in an order dated _____ (specify any other relevant waiver orders in the Miscellaneous section starting on page 19) <input type="checkbox"/> The instant facility would comply with the Commission's QF requirements if a petition for waiver submitted concurrently with this application is granted <input type="checkbox"/> The instant facility complies with the Commission's regulations, but has special circumstances, such as the employment of unique or innovative technologies not contemplated by the structure of this form, that make the demonstration of compliance via this form difficult or impossible (describe in Misc. section starting on p. 19)			

Contact Information	2a Name of contact person Tom Kelly		2b Telephone number 505-241-4972	
	2c Which of the following describes the contact person's relationship to the applicant? (check one) <input type="checkbox"/> Applicant (self) <input checked="" type="checkbox"/> Employee, owner or partner of applicant authorized to represent the applicant <input type="checkbox"/> Employee of a company affiliated with the applicant authorized to represent the applicant on this matter <input type="checkbox"/> Lawyer, consultant, or other representative authorized to represent the applicant on this matter			
	2d Company or organization name (if applicant is an individual, check here and skip to line 2e) <input type="checkbox"/> Public Service Company of New Mexico			
	2e Street address (if same as Applicant, check here and skip to line 3a) <input checked="" type="checkbox"/>			
	2f City		2g State/province	
	2h Postal code		2i Country (if not United States)	
Facility Identification and Location	3a Facility name Vista Solar Energy Center			
	3b Street address (if a street address does not exist for the facility, check here and skip to line 3c) <input type="checkbox"/> 120 Bonita Vista Blvd.			
	3c Geographic coordinates: If you indicated that no street address exists for your facility by checking the box in line 3b, then you must specify the latitude and longitude coordinates of the facility in degrees (to three decimal places). Use the following formula to convert to decimal degrees from degrees, minutes and seconds: decimal degrees = degrees + (minutes/60) + (seconds/3600). See the "Geographic Coordinates" section on page 4 for help. If you provided a street address for your facility in line 3b, then specifying the geographic coordinates below is optional. Longitude <input type="checkbox"/> East (+) _____ 106.655 degrees Latitude <input checked="" type="checkbox"/> North (+) _____ 34.741 degrees <input checked="" type="checkbox"/> West (-) _____ <input type="checkbox"/> South (-) _____			
	3d City (if unincorporated, check here and enter nearest city) <input type="checkbox"/> Los Lunas		3e State/province NM	
	3f County (or check here for independent city) <input type="checkbox"/> Valencia		3g Country (if not United States)	
	Identify the electric utilities that are contemplated to transact with the facility.			
Transacting Utilities	4a Identify utility interconnecting with the facility Public Service Company of New Mexico (PNM)			
	4b Identify utilities providing wheeling service or check here if none <input checked="" type="checkbox"/>			
	4c Identify utilities purchasing the useful electric power output or check here if none <input checked="" type="checkbox"/>			
	4d Identify utilities providing supplementary power, backup power, maintenance power, and/or interruptible power service or check here if none <input type="checkbox"/> Public Service Company of New Mexico (PNM)			